

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Posted: tooDept: S.A. 10RSDate: 8/10/11Time: 1:25

BEFORE THE

PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

Jack Adkins dba
Action movers

DOCKET

NUMBER: 2011 - 321 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JACK AdkinsTelephone: (864) 306-0555Address: 123 Zip CtFax: (864) 306-3406Easley, SC 29640

Other: _____

Email: actionmover@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

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AUG 09 2011
PSC SC
MAIL / DMS

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ABS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 7/25/11

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____. My certificate was revoked/
cancelled on _____ because _____.

I am seeking reinstatement because _____

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AUG 09 2011
PSC SC
CLERK'S OFFICE

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Jack W. Adkins dba Action Movers

123 Zip Ct Easley, SC 29640
Street Address of Applicant

P.O. 929 Easley, SC 29641
Mailing Address of Applicant if different from street address

(864) 306-0555
Phone

(864) 306-3406
FAX

actionmover@gmail.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

4. Applicant proposes to operate service as follows: (Check one.)

☐ Intrastate Only

☐ Interstate Only

☒ Both

5. Is applicant certified to provide ~~intrastate~~ transportation of household goods in another state: (Check one.)

☐ Yes

☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed;
 Month 7 Year 11

Assets:

Cash	1000 ⁰⁰
Receivables	275 ⁰⁰
Real Estate	36000 ⁰⁰
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	4000 ⁰⁰
Machinery and Tools (Net)	6000 ⁰⁰
Supplies on Hand	
Prepays and Other Assets	
Total Assets	37,775 ⁰⁰
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	400 ⁰⁰ mth / 7,687 ⁰⁰
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	30,000 ⁰⁰

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

2 men \$95.00 An hour

3 men 109.00 An hour

Extra Charge Items

Spinnet Piano \$35.00

Upwrite Piano \$45.00

Grand & Baby Grand Piano \$125.00

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

SPARTANBURG,
PICKENS, GREENVILLE, ANDERSON, OLOONEE
(counties as followed)

all points and places to and from
the above counties

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Jack W. Adkins dba Action Movers

Name of Motor Carrier

123 Zip Court, Easley, SC 29640

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 1920

Cargo Insurance \$ 1375

Limits Quoted (See Below:)

Limits 750,000

Limits 25,000

* Attach Certificate of Insurance if available.

AMERICAN ZURICH

GREAT AMERICAN

Name of Insurance Company

Schaumburg, IL

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-4-2011

Date

Michael Stover - STOVER COMPANY

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000



U.S. Department
of Transportation

1200 New Jersey Ave., S.E.
Washington, DC 20590
Refer to MC-ECP

Federal Motor Carrier
Safety Administration

June 30, 2011

753306
ACTION MOVERS
JACK W ADKINS JR
123 ZIP CT
EASLEY SC 29641

Dear JACK W ADKINS JR:

In April 2009 the Federal Motor Carrier Safety Administration (FMCSA) implemented a new process for the review and approval of applications for household goods brokers, household goods carrier common/contract and household goods freight forwarder operating authority. The application may still be submitted on-line, however, other aspects of the new process are not automated. Following the new procedures it may take a minimum of **ten (10) weeks** to complete the review of your application and to determine if operating authority will be granted.

If your application is incomplete or additional information is required to process your application, you may receive a request from FMCSA for additional information via telephone or letter. If your company is contacted, please respond promptly. Your application cannot be processed, or authority granted, until the requested information is received. Pursuant to 49 CFR 365.109(a)(2) your application will be rejected in FMCSA does not receive all material information requested.

You are not authorized to engage in the interstate transportation of HHG by commercial motor vehicle during the application review.

Should you have any questions, please contact Carole Mobray, Transportation Specialist at (202) 366-0487 or email her at carole.mobray@dot.gov.

Sincerely,

Jeff Secrist

Jeff Secrist, Chief
Information Technology Operation Division

Exhibit FWA

Action movers
Name

USDOT 987064

U.S.D.O.T No.

MC 153306

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes

☐ No

☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☒ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME
This 26 day of July 2017
Bradley
Notary Public

Commission Expires

My Commission Expires
November 9, 2019

[Signature]
Applicant's Signature

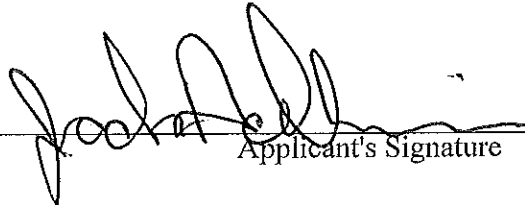
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

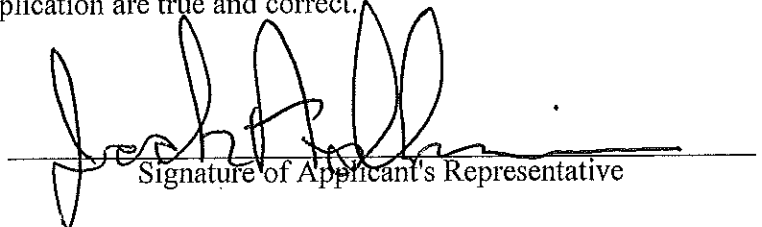
COUNTY OF

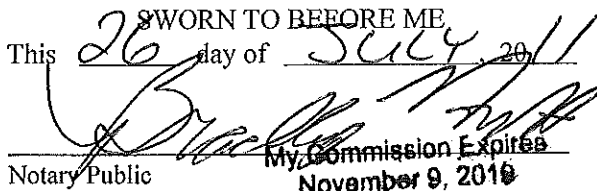
Pickens


Applicant's Signature

I, JACK ADKINS, owner
Name of Applicant's Representative Title
of Action MOVERS,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 26 day of July, 2011

Notary Public My Commission Expires
November 9, 2016

Commission Expires _____

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

JACK ADKINS

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:



Yes



Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:



Yes



Not Applicable

I, JACK ADKINS, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

JACK ADKINS
Applicant's Signature

SWORN TO BEFORE ME
This 26 day of JULY, 2011
Bradley Vent
Notary Public

Commission Expires

My Commission Expires
November 8, 2019

Print Application